© 07hr_SSC-OSB_Misc_pt02b



Details: Public Hearing (10/18/2007) on WisconsinEye license agreement

(FORM UPDATED: 08/11/2010)

WISCONSIN STATE LEGISLATURE ... PUBLIC HEARING - COMMITTEE RECORDS

2007-08

(session year)

Senate Special

(Assembly, Senate or Joint)

Committee on ... Oversight of Senate Broadcasting (SSC-OSB)

COMMITTEE NOTICES ...

- Committee Reports ... CR
- Executive Sessions ... ES
- Public Hearings ... PH

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... Appt (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... CRule (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)

(ab = Assembly Bill)

(ar = Assembly Resolution)

(ajr = Assembly Joint Resolution)

(**sb** = Senate Bill)

(**sr** = Senate Resolution)

(sjr = Senate Joint Resolution)

Miscellaneous ... Misc

^{*} Contents organized for archiving by: Gigi Godwin (LRB) (November/2011)



MEMORANDUM

TO:

Special Committee on

Oversight of Senate Broadcasting

FROM:

Robert J. Marchant

Chief Clerk and Director of Operations

DATE:

October 18, 2007

RE:

WisconsinEye License Agreement

This memorandum outlines the primary ways in which the license agreement between the State of Wisconsin and WisconsinEye affects the operations of the Wisconsin Senate. The memorandum also describes 2 concepts that the committee may wish to consider concerning the legislative protocols contained in the license agreement.

Role of Chief Clerk and Director of Operations

- Chief Clerk is the main point of contact for WisconsinEye concerning its day-to-day operations in the Senate.
- Strong working partnership between Chief Clerk and Chris Long, President of WisconsinEye. Goal has been to facilitate the operation of WisconsinEye as much as possible, with due respect for the decorum, authority, and traditions of the Senate.
- WisconsinEye e-mails schedule of proceedings that will be broadcast or recorded on the Friday before the week during which the proceedings will take place.
- Majority and Minority Leaders, President, and Sergeant-at-Arms are included on notification.

User Agreement Prohibiting Political or Commercial Use

- Any person who seeks to use WisconsinEye's footage must enter into a user agreement with WisconsinEye that prohibits use of the footage for political or commercial purposes.
- Agreement also applies to Senate staff who will be using WisconsinEye's feed to produce Senate educational and communication pieces.
- Agreement also governs how governmental employees should respond to open records requests for copies of WisconsinEye footage in their custody.
- WisconsinEye must sue to enforce user agreement.

- Fair use doctrine may make it difficult to prohibit political and commercial use (except by state employees, of course).
- Agreement is currently being negotiated under direction of Majority Leader.

Commencement of Recording/Broadcasting

- Sergeant-at-Arms must post notice that a proceeding is being recorded.
- WisconsinEye may begin recording up to 5 minutes before the noticed start time of the proceeding. Audio must be background only (sufficient to establish presence but not to communicate content).

Termination of Recording/Broadcasting

- Generally, transmission of signal must terminate 10 seconds after proceedings adjourn or recess. During the 10 seconds, audio must be background only and video must be the general view of the room.
- Standing informal does not result in termination of signal transmission but camera focus must be on podium and audio must be shut off.
- Presiding officer may terminate transmission of signal immediately if a person not associated with the proceeding presents a risk of bodily harm. WisconsinEye and Committee on Senate Organization must agree upon a phrase that signals to WisconsinEye to terminate transmission. As of yet, the phrase has not been determined.

Potential Changes to Legislative Protocols

- Use of a button that would signal to the control booth that the Senate is adjourned or recessed. Currently, control booth must listen carefully to proceedings to determine whether Senate is adjourned or recessed. Cost may be a factor to consider, however, as well as perception of this being a "kill switch."
- Make oversight committee permanent, with power to vet complaints or suggestions, maintain institutional dialogue with WisconsinEye, and make recommendations to the Committee on Senate Organization.

Senator Pat Kreitlow Room 10-South, State Capitol Madison, WI

HAND DELIVERED

October 23, 2007

Dear Senator Kreitlow:

Enclosed, please find copies of financial documents provided to me by WisconsinEye. Specifically, the documents include WisconsinEye's most recent IRS Form 990 return, annualized operating budget, audited financial statements for the fiscal year ending September 30, 2005 and 2006, and audit letter.

Please let me know if you desire any further information.

Sincerely,

Robert J. Marchant

WisconsinEye Annual Operating Expenses as of October 2007

Personnel Payroll FICA Unemployment Processing	572000 42250 5850 1915
Health Insurance Ind Ded contribution Fam Ded contrib DirectPay adminfee Flex admin fee	47760 3850 3300 750 605
401k Company contribution Admin fee	17160 1000
Rent	85356 eff 3/1/08
Utilities Building Elec Production Elec Verizon (Treo) AllTel (mobile) OneComm (office)	6000 24000 2076 6000 5328
Professional Services Legal IT Bookkeeping Accounting Public relations Other insurance Professional Liability General Liability/Property Workers Comp Auto D&O Liability	20000 6000 9000 5000 18000 20,497 3527 3665 1442 1085
General Operating Data Connection Cable TV Car Lease Mileage Reimbursement Meals/Travel Office Supplies Production Supplies Postage & Delivery Bank Service Fees Parking	23400 1404 3300 6000 3600 600 1800 300 1320 5820

Dues/Subscriptions2000Printing/publications1000Programming Guide900TOTAL964860



Wipfli LLP
2901 West Beltline Highway, Suite 201
Madison, WI 53713
PO Box 8700
Madison, WI 53708-8700
608.274.1980
fax 608.274.8085
www.wipfli.com

To Management and the Board of Directors of WisconsinEye Public Affairs Network, Inc. Madison, Wisconsin

We would like to thank everyone at WisconsinEye Public Affairs Network, Inc. ("WisconsinEye") for their assistance during the audit.

In planning and performing our audit of the financial statements of WisconsinEye for the year ended September 30, 2006, we considered WisconsinEye's internal controls in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on internal controls.

However, during our audit we became aware of several matters that are opportunities for strengthening internal controls and improving operating efficiencies at your organization. This letter summarizes our comments and suggestions regarding those matters. This report does not affect our report dated December 22, 2006, on the financial statements of WisconsinEye.

Current Year Observations

Credit Card Internal Controls

WisconsinEye has one credit card with two authorized users. We tested six monthly credit card statements and noted that receipts were not attached for all of the charges. Credit card charges must be supported by receipts. In addition, a description of the business purpose of the charge should be documented. We recommend that WisconsinEye enhance current policies to require all credit card charges be supported by a receipt and a clear business purpose. We recommend that management add an oversight step into the process that requires the President to review and approve all charges and that the review be documented with a signature on the monthly invoice. We feel that these steps will help to strengthen the controls over credit card charges. In addition, we suggest that the Board consider how to monitor executive use of the credit card.

Bank Reconciliation

Currently, the bank reconciliation is completed by Susan Christopherson, Accounting Consultant, and not approved by management. We recommend that either Chris or a Board of Director member review the bank statement and reconciliation for any unusual items and document their approval by initialing the form. This will significantly improve the system of checks and balances necessary for strong cash controls.



Page 2

Journal Entries

If a coding error on a transaction in QuickBooks[®] is found, the original transaction is corrected in QuickBooks[®] instead of posting a journal entry. To maintain the integrity of the accounting trail, we recommend that these corrections be recorded with a journal entry. The entry should be approved by the President or a Board of Director member.

Conflict of Interest

We noted that WisconsinEye does not have a formal policy regarding employee conflict of interest. In recent years, issues of conflicts have become much more visible and many companies have elected to formalize such a policy. This policy should identify all business relationships and other dealings between WisconsinEye and its officers, directors, and key employees and other such parties with whom WisconsinEye conducts business. We recommend that WisconsinEye adopt a formal policy covering potential conflicts of interest situations. In addition, the IRS Form 990 and annual tax return filed by nonprofit organizations have added a question to the 2005 tax return asking if the organization has a conflict of interest policy.

Capitalization Policy

During our audit, we noted that WisconsinEye has no formal policy for the capitalization of property and equipment purchases. This leaves WisconsinEye open to the possibility that fixed assets will not be appropriately recorded, depreciated, or reported for accounting purposes. We suggest that WisconsinEye implement a written policy requiring all assets costing more than an established amount, such as \$1,000, to be capitalized and depreciated over the assets' useful lives.

Fraud Policy

Recently there has been significant attention given to corporate fraud and dishonesty. Due to the failure of some large organizations, the topic has become a focal point for many within business, accounting, and political circles. The risks associated with fraud have always been present; however, the failure of these businesses has brought it to the forefront. As a result, a number of new rules and regulations have begun to surface to strengthen controls and awareness within organizations.

The most effective way for WisconsinEye to combat fraud begins with strong anti-fraud systems and controls to both prevent as well as detect fraud. The systems and controls that an organization has in place is a focal point for audits. The organization needs to demonstrate an understanding of fraud risk factors affecting their organization, as well as mitigating controls to address those risks. Furthermore, management needs to communicate to the organization's its view on business ethics and how the organization is monitoring anti-fraud programs.

Fraud Policy (Continued)

The ultimate goal of raising awareness is to reduce the occurrence of fraud within organizations. The following items have been identified as a means for organizations to reduce fraud within an organization:

• Create and maintain a culture of honesty and high ethics

Management is responsible for setting the tone as it relates to ethics and honesty for employees, members, and vendors. The communication for the ethical culture needs to be established by management and documented in a policy for misconduct and dishonesty. In addition to establishing the policy, the management team and the Board of Directors needs to live out the code of conduct through their actions.

Evaluate the risks of fraud and implement risk mitigation

A fraud risk assessment should be done on an organization-wide basis. The various fraud risk factors should be identified and an adequate response or preventative control put into place to address the threat. In instances where it is not feasible to put a preventative control in place, adequate mitigation controls should be implemented to reduce the potential impact of fraud and ensure adequate insurance is in place to cover any potential losses.

Develop an appropriate oversight process

The success of developing and monitoring an effective fraud program depends on employees at all levels within the organization. Organization-wide fraud awareness should be strived for by creating a "neighborhood watch" type environment. The highest levels of management are ultimately responsible for creating such an environment. The standard should be set whereby anyone suspecting fraud is free to communicate their suspicions without fear of retribution.

Often, fraud is difficult to detect since it sometimes involves collusion and falsification to cover up the activity. However, through the implementation of a combination of prevention, deterrence, and detection measures, the risk of material fraud will be greatly reduced.

Required Policies

The provisions of Sarbanes Oxley primarily impact public companies. However, there are two provisions that are effective for nonprofits. Those provisions require nonprofits to have a document destruction and whistleblower policy. We recommend WisconsinEye adopt these policies.

This report is intended solely for the information and use of management and is not intended to be and should not be used by anyone other than these specified parties.

WisconsinEye Public Affairs Network, Inc. Page 4

We look forward to working with the WisconsinEye Public Affairs Network, Inc. in the upcoming year. Please contact us if you have any questions or would like assistance implementing any of the above recommendations.

Wipfli UP

Wipfli LLP

December 22, 2006 Madison, Wisconsin

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black ung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

<u>QMB</u> ,	No. 1545-0047
Ð	กกร
E	עטט
0)~	n to-Puptic

A	For th	e 20	05 calendar year, or tax year beginning OCT	1, 2005	and en	ding	<u>SEP 30</u>	, 2	006	
В	Check applica	if Ible:	Please US PISS					D Emp	loyer iden	tification number
	Add	ress	label or Print or WISCONSINEYE PUBLIC AF	FATRS NETW	ORK.	TNO		3	9-197	7300
F	Nan	16	type. Number and street (or P.O. box if mail is not de				Room/suite			
片	Initi	al	Specific PO BOX 949	more to shoot days of	٠,		1.00.000			55-1000
一	Fina	ú	Instruc-							X Cash Accrual
-		bebne							Other specify)	
-	retu App	m dication ding		nexempt charitable tr	usts	Han	d lare not app			n 527 organizations.
L	Jben	curig	must attach a completed Schedule A (Form 990 o			ı	Is this a group r			
G	Waha	itar l	►WWW.WISEYE.ORG			, , ,	If "Yes," enter nu			
			ion type (check day one) > X 501(c) (3) < (insert no.)	4947(a)(1) or	527		Are all affiliates			
			e la if the organization's gross receipts are normally). The	111.43	(If "No," attach a Is this a separat	list)	Flad by a	n or
			on need not file a return with the IRS; but if the organization			n(a)	ganization cove	ed by a	i meu by ai	ing? Yes X No
			a complete return. Some states require a complete return		·	ı	Group Exemption			
						M				is not required to attach
L	Gross	rece	eipts: Add lines 6b, 8b, 9b, and 10b to line 12	1,406,2	55.		Sch. B (Form 99	0, 990	EZ, or 990)-PF).
	art l	F	Revenue, Expenses, and Changes in Ne	t Assets or Fun	d Bala	nce	S			
	1		Contributions, gifts, grants, and similar amounts received:							
			Direct public support		1a		1,365,3	79.	1.8	
			Indirect public support		1 1					
	1		Government contributions (grants)							
	-	d	Total (add lines 1a through 1c) (cash \$1, 365	, 379 . noncash	\$.)	1d	1,365,379.
	2		Program service revenue including government fees and co						2	
	3	}	Membership dues and assessments						3	
	4		Interest on savings and temporary cash investments						4	26,990.
	5		Dividends and interest from securities						5	
	€		Gross rents		1 .					
		b	Less: rental expenses		6b				\$	
		C	Net rental income or (loss) (subtract line 6b from line 6a)		· · · · · · · · · · · · · · · · · · ·				6c	
Œ	, 7	,	Other investment income (describe	<u>.,</u>		·)	7	
Revenue	1 8	a	Gross amount from sales of assets other	(A) Securities			(B) Other			
2			than inventory	13,886		<u> </u>			3.4	
ш	•	b	Less: cost or other basis and sales expenses	12,783	. 8b	<u> </u>	365,9			
			Gain or (loss) (attach schedule)		. 8c		-365,9		ad.	264 222
			Net gain or (loss) (combine line 8c, columns (A) and (B))				STMT	2	8d	-364,839.
	9		Special events and activities (attach schedule). If any amou		ck here J	- L	1			
	Ì		Gross revenue (not including \$		Ι.	ı			Ž,	
			reported on line 1a)			 -				
			Less; direct expenses other than fundraising expenses			L			0.0	
			Net income or (loss) from special events (subtract line 9b i		i i	l			9 c	
	10		Gross sales of inventory, less returns and allowances		1				182992	
			Less: cost of goods sold Gross profit or (loss) from sales of inventory (attach sched			100)			10c	
				* *					11	
	1		Other revenue (from Part VII, line 103) Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, 3)						12	1,027,530.
-	13		Program services (from line 44, column (B))						13	378,184.
ď	2 1		Management and general (from line 44, column (C))						14	267,624.
Č	2 1		the state of the s						15	130,664.
, de co									16	
u	1		Total expenses (add lines 16 and 44, column (A))						17	776,472.
	11		Excess or (deficit) for the year (subtract line 17 from line 1						18	251,058.
بيد			Net assets or fund balances at beginning of year (from line						19	850,084.
Net	55 2		Other changes in net assets or fund balances (attach expla						20	0.
	2		Net assets or fund balances at end of year (combine lines						21	1,101,142.
52	3001 -03-06		LHA For Privacy Act and Paperwork Reduction Act Noti	ce, see the separate in	nstruction	15.		-		Form 990 (2005)

	990 (2005) WISCONSII til Statement of All or	YELE TODISCH	PUBLIC AFFA	TRS NETWORK	,INC. 39-1	977300 Page 2
		yanızado 1) organi	ns must complete column zations and section 4947(a	(A). Columns (B), (C), and a)(1) nonexempt charitable	d (D) are required for section trusts but optional for oth	n 501(c)(3) ers.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	irants and allocations (attach schedule)					
	ash \$0 noncash \$0					
	this amount includes foreign grants, check here	22				
	pecific assistance to individuals (attach					
	chedule)	23				
	enefits paid to or for members (attach chedule)	24				
	ompensation of officers, directors, etc. * *	25	221,816.	0.	109,757.	112,059.
26 O	ther salaries and wages	26	29,716.	29,716.	100,707.	114,039.
27 P	ension plan contributions	27				
28 O	ther employee benefits	28	19,249.		19,249.	
29 P	ayroll taxes	29	3,091.		3,091.	
30 P	rofessional fundraising fees	30			3,031.	
	ccounting fees	31	12,200.		12,200.	
32 L	egal fees	32			22,200.	
33 S	upplies	33	1,580.	303.	1,277.	
34 Te	elephone	34	2,097.	242.	1,604.	251.
35 P	ostage and shipping	35	760.	191.	437.	132.
	ccupancy	36	49,606.		49,606.	154.
37 E	quipment rental and maintenance	37	883.	10.	873.	
38 P	rinting and publications	38	542.		542.	
39 Tr		39	2,611.	424.	296.	1,891.
40 C	onferences, conventions, and meetings	40				
41 In	terest	41				**************************************
42 D	epreciation, depletion, etc. (attach schedule)	42	22,239.	22,239.		
	ther expenses not covered above (itemize):					
	UES/SUBSCRIPTIONS	43a	2,142.		2,142.	
	NSURANCE	43b	7,442.		7,442.	
	ISCELLANEOUS	43c	5,099.		5,048.	51.
	EBSITE DEVELOPMENT	43d	120,760.	119,000.		1,760.
e <u>P</u>	ROFESSIONAL FEES	43e	274,639.	206,059.	54,060.	14,520.
f		43f				
g		430				
	otal functional expenses. Add lines 22					
th	rough 43. (Organizations completing					
ÇC	olumns (B)-(D), carry these totals to lines	1			1	

Joint Costs. Check I if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A ;

776,472

N/A ; and (iv) the amount allocated to Fundraising \$ N/A

378,184

267,624

130,664.

Form 990 (2005)

** SEE STATEMENT 3

Par	990 (2005) t III Statement of I	WISCONSIN Program Servi	NEYE PUBLIC AFFAIRS NETWORK, INC. 39-1 ice Accomplishments (See the instructions.)	977300 Page 3
orm low t	990 is available for public	inspection and, for	or some people, serves as the primary or sole source of information about a part cases may be determined by the information presented on its return. Therefores, in Part III, the organization's programs and accomplishments.	articular organization. Ire, please make sure the
4/h-4	in the association's prim	any avamat numa	se? ► SEE STATEMENT 4	Program Service
wnat	is the organization's print	iaty exempt purpo	Joe Value Daniel	Expenses
client	s served, publications iss	ued, etc. Discuss	rpose achievements in a clear and concise manner. State the number of achievements that are not measurable. (Section 501(c)(3) and (4) ble trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a F	PYDENCES RELA	TED TO ME	DIA COVERAGE OF WISCONSIN GOVERNMENT	
			POLICY FORUMS.	
<u>.</u>	CITATITUD ITA	<u></u>		
	•			_
-	**************************************			
-	Grants and allocations	\$) If this amount includes foreign grants, check here	378,184.
b	CIGITO CATA CATO CATA			
_				
_				7

-				1
-	Grants and allocations	\$) If this amount includes foreign grants, check here	
	Grants and anocations	<u> </u>	The distribution and desired and a second se	
C _				
-				
-				1
-				
-				-
-) If this amount includes foreign grants, check here	d .
	(Grants and allocations	\$) It this amount includes loreign grants, check hore	
d .				-
-				
-				1
				-
				-
		A) If this amount includes foreign grants, check here	d
	(Grants and allocations	\$) It this amount includes foreign grants, check here	
	Other program services (a) If this amount includes foreign grants, check here	
	(Grants and allocations	\$		378,184.
1	Total of Program Service	e Expenses (SNOU	uld equal line 44, column (B), Program services)	Form 990 (2005)
				(Unit 300 (2005)

523021 02-03-06

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description column (A) should be for end-of-year amounts only. Beginning of year End of year 45 Cash - non-interest-bearing 45 Savings and temporary cash investments 46 285,936 944,662. 46 47 a Accounts receivable Less: allowance for doubtful accounts 47b 47c 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 48b 48c 49 Grants receivable 49 50 Receivables from officers, directors, trustees, and key employees 50 Other notes and loans receivable 51a Less: allowance for doubtful accounts ______ 51b 51c 52 Inventories for sale or use 52 Prepaid expenses and deferred charges 53 53 54 Investments - securities Cost 14,989. 0. 54 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c Investments - other _____ 56 57 a Land, buildings, and equipment: basis 206,879 57a b Less: accumulated depreciation STMT 5 57b 544,194. 50,866. 57c 156,013. Other assets (describe > SECURITY DEPOSIT 58 4,965. 58 1,101,142. 59 Total assets (must equal line 74). Add lines 45 through 58 850,084 59 Accounts payable and accrued expenses _____ 60 60 61 Grants payable 61 62 Deferred revenue 62 labilities Loans from officers, directors, trustees, and key employees 63 63 a Tax-exempt bond liabilities 64a h Mortgages and other notes payable ______ 64b Other liabilities (describe 65 65 Total liabilities. Add lines 60 through 65) 0. 66 Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Vet Assets or Fund Balances 850,084. 67 Unrestricted 1,101,142. 67 Temporarily restricted 68 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here
and complete lines 70 through 74. Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 71 Retained earnings, endowment, accumulated income, or other funds 72 72 73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal fine 21) 850,084 1,101,142. 73

850,084

74

Total liabilities and net assets/fund balances. Add lines 66 and 73

	n 990 (2005) WISCONSINEYE PUBLIC A art IV-A Reconciliation of Revenue per Audited Fina instructions.)	FFAIRS NETWO	RK, INC. /ith Reveni	39 ue per l	–1977 Return (s	300 F See the	Page 5
2	Total revenue gains and other support per guidited financial statume				T 1	007 0	- 2.0
ь	Total revenue, gains, and other support per audited financial stateme Amounts included on line a but not on Part I, line 12:	nis ,			. a 1	,027,5	30.
1	Net unrealized gains on investments	ı			9.5		
-							
3	Donated services and use of facilities						
4	Recoveries of prior year grants				-		
7	Other (specify):		b4		- 4,4		_
_	Add lines b1 through b4				<u> </u>		0.
C	Subtract line b from line a				<u>c 1</u>	,027,5	<u>30.</u>
ď	Amounts included on Part I, line 12, but not on line a:	ı	ı		1.5		
1	Investment expenses not included on Part I, line 6b		<u>d1</u>		_ 33		
2	Other (specify):		d2		148		
0.20	Add lines d1 and d2				_ d		0.
Pa	Total revenue (Part I, line 12). Add lines c and d art IV-B. Reconciliation of Expenses per Audited Fina	ancial Statements	With Expen	ses pe	r Return	,027,5	<u>30.</u>
a	Total expenses and losses per audited financial statements				а	776,4	72.
b	Amounts included on line a but not on Part I, line 17:				184g		
1	Donated services and use of facilities		b1				
2	Prior year adjustments reported on Part I, line 20						
3	Losses reported on Part I, line 20						
4	Other (specify):	f	b4				
	Add lines b1 through b4			***************************************	ь		0.
C	Subtract line b from line a	******************************	*****************		c	776,4	
_		*******************************		•••••••	100	770,9	14.
đ	Amounts included on Part I, line 17, but not on line a:				10.703		
đ 1	Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b	1	41				
đ 1 2	Investment expenses not included on Part I, line 6b						
d 1 2	Investment expenses not included on Part I, line 6b Other (specify):		d2				0
	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2		d2		d	776 A	<u>0.</u>
_е	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int.V-A Current Officers, Directors, Trustees, and Ke	y Employees (List ea	d2	Þ	d e officer, dire	776 , 4 ector, truste	
_е	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2	y Employees (List ea	ach person whee the instruction (C) Compens (If not paid, e	o was an fons.) ation (D) o	officer, dire	(E) Exp	72. ee, ense
_е	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int.V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	ach person where the instruction (C) Compens	o was an fons.) ation (D) o	officer, dire	(E) Exp	72. ee, ense
_е	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int.V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	ach person whee the instruction (C) Compens (If not paid, e	o was an fons.) ation (D) o	officer, dire	(E) Exp	72. ee, ense
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int.V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	ach person whee the instruction (C) Compens (If not paid, e	o was an fons.) ation (D) center pla	officer, dire	(E) Exp	72. ee, ense
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances
e Pa	Investment expenses not included on Part I, line 6b Other (specify): Add lines d1 and d2 Total expenses (Part I, line 17). Add lines c and d Int. V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we (A) Name and address	by Employees (List eare not compensated.) (Se (B) Title and average hours per week devoted to	d2 cch person whee the instructi (C) Compens (If not paid, 6 -0)	o was an fons.) ation (D) center pla	officer, directions to playee benefit as & deferred pensation plan	(E) Exp	ense t and wances

Form 990 (2005) WISCONSINEYE PUBLIC A	FFAIRS NETWOR		39-1977	
Part V-A Current Officers, Directors, Trustees, and Ke	<u> </u>			Yes No
75 a Enter the total number of officers, directors, and trustees permitted meetings	=	siness at board	11	
b Are any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional an Part II-A or II-B, related to each other through family or business rela the individuals and explains the relationship(s)	d other independent contri	actors listed in Sch a statement that in	nedule A, dentifies	75b X
c Do any officers, directors, trustees, or key employees listed in Form listed in Schedule A, Part I, or highest compensated professional ar Part II-A or II-B, receive compensation from any other organizations, organization through common supervision or common control?	d other independent contr whether tax exempt or tax	actors listed in Scl able, that are relat	nedule A, ed to this	75c X
Note. Related organizations include section 509(a)(3) supporting organizations and include section 509(a)(3) supporting organization at the individuals, explains the relation describes the compensation arrangements, including amounts paid to each including amounts are sections.	ship between this organization		ization(s), and	
d Does the organization have a written conflict of interest policy?				75d X
Part V-B Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key e the year, list that person below and enter the amount of co	mployee received compens	sation or other ben	efits (describe	d below) during
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions employee benefit plans & deferred compensation plan	account and
JONATHON HENKES PO BOX 949				
MADISON, WI 53701	0.	116,147.	8,885	0.
JEFF ROBERTS				
PO BOX 949 MADISON, WI 53701	0.	18,333.	1,403	. 0.
				-
			<u> </u>	
Part VI Other Information (See the instructions.)		<u> </u>	l	Yes No
76 Did the organization engage in any activity not previously reported				
description of each activity 77 Were any changes made in the organizing or governing documents				76 X 77 X
If "Yes," attach a conformed copy of the changes.				
78 a Did the organization have unrelated business gross income of \$1,0				78a X
	and in a design and the continues			78b X
79 Was there a liquidation, dissolution, termination, or substantial con				79 X
80 a Is the organization related (other than by association with a statewinembership, governing bodies, trustees, officers, etc., to any other				80a X
b If "Yes," enter the name of the organization N/A	and check whether it is		and a	
81 a Enter direct or indirect political expenditures. (See line 81 instruction	part of the second of the seco			
b Did the organization file Form 1120-POL for this year?				81b X
b Did the organization life Form 1120-FOL for this year?	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	Form 990 (2005)

	90 (2005) WISCONSINEYE PUBLIC AFFAIRS NETT	WORK, INC.	39-1977	300	Yes	No
Part	Other Information (continued) Did the organization receive donated services or the use of materials, equipment, or facility	ties at no charge	or at substantially			
				82a		X
	ess than fair rental value? f "Yes," you may indicate the value of these items here. Do not include this					V 50
	amount as revenue in Part I or as an expense in Part II.					
		82b	N/A			
	See instructions in Part III.) Did the organization comply with the public inspection requirements for returns and exen			83a	X	
3 a	Did the organization comply with the public inspection requirements for rotating and some Did the organization comply with the disclosure requirements relating to quid pro quo co	ntributions?		83b	X	
. b	Did the organization comply with the disclosure requirements relating to quid pro quo oscillations or gifts that were not tax deductible?		N/A	84a		
4 a i	Did the organization solicit any contributions or glifs that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that su	ch contributions	or nifts were not		137	
b	If "Yes," did the organization include with every solicitation an express statement that so	CH COMMODULOTIC	N/A	84b		
	tax deductible?	ro?	N/A	85a		
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by membe	451	N / A	85b		
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	the erapirat	ion received a	7,850	N. Old	*XX
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unk	ess ine organizat	ION TOCEIVEG A			
	waiver for proxy tax owed for the prior year.	l ac- l	N/A			445
	Dues, assessments, and similar amounts from members		N/A	_ 3 		
đ	Section 162(e) lobbying and political expenditures	85d		11000	7	A Deck
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	1		· Made
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	851	N/A	, 100 EE	The second	1000 400
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the a	mount on line 85	f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expe	enditures for the				
	following tax year?		N/A	85h	1111250	1 3 3
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12	86a	N/A		意道	
b	Gross receipts, included on line 12, for public use of club facilities		N/A		1055	
37	501(c)(12) organizations. Enter: a Gross income from members or shareholders		N/A			用
 b	Gross income from other sources. (Do not net amounts due or paid to other sources					
•	against amounts due or received from them.)	87b	N/A	1535	(
88	At any time during the year, did the organization own a 50% or greater interest in a taxa	ble corporation o	r partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 3	01.7701-2 and 3	01.7701-3?			
	If "Yes," complete Part IX			88	_	X
2 O 2	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year	ar under:				
	section 4911 ► 0 . ; section 4912 ► 0 . ; sect	ion 4955 ►	0.	100	light)	ين ا
h	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 e	xcess benefit				
U	transaction during the year or did it become aware of an excess benefit transaction from	n a prior year?				
	If "Yes," attach a statement explaining each transaction			89b	<u></u>	X
	Enter: Amount of tax imposed on the organization managers or disqualified persons dur	ing the year unde	er			
·	sections 4912, 4955, and 4958		>			0
4	Enter: Amount of tax on line 89c, above, reimbursed by the organization		>			0
b .	List the states with which a copy of this return is filed ►WI					
90 a	Number of employees employed in the pay period that includes March 12, 2005		90b			
d - 1	The books are in care of ► DALE CATTANACH	Telepho	ne no. > 608-2	55-	100	0
91 a	Located at P.O. BOX 949, MADISON, WI	,	ZIP + 4 ▶	537	01	
	At any time during the calendar year, did the organization have an interest in or a signat	ture or other auth				
b	over a financial account in a foreign country (such as a bank account, securities account	nt, or other finance	ial		Ye	s No
				91b		X
	account)?			-924 		
	If "Yes," enter the name of the foreign country N/A	ort of Foreign Ra	nk			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Rep	or or oreign ba				1.2
	and Financial Accounts.	the United States	.2	910	122.	X
C	At any time during the calendar year, did the organization maintain an office outside of	116 OTHER STREET	• •	310		1 44
	If "Yes," enter the name of the foreign country	ank be-s		•	-	\Box
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Ch	еск пеге	▶ 92		-	لسسا
	and enter the amount of tax-exempt interest received or accrued during the tax year		32		<u>/ A</u>	(200

Part X	Information Regarding Transfers Associated with Person	onal Benefit Contracts (See the instant	
(b) Did t	the organization, during the year, receive any funds, directly or indirectly, to pay premium the organization, during the year, pay premiums, directly or indirectly, on a personal ben "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	ims on a personal benefit contract? Yes nefit contract? Yes	X No
Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedul correct, and complete. Declaration of preparer (other than officer) is based on all information of which property of officer. Signature of officer.	ules and statements, and to the best of my knowledge and belief, it is true, preparer has any knowledge. DALE CATTANACH, TREASURER Type or print name and title.	
Paid Preparer's Use Only 523183 02-03-08	Preparer's signature JEAN CHRISTENSEN Firm's name (or yours if self-employed), address, and ZIP+4 PO BOX 8700 MADISON, WI 53708-8700	Date Check if Self- 02/09/07 employed ► EIN ►	
		Phone no. ► 608 – 274 – 19 Form 99	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

523101/02-03-06

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2005

Name of the organization				Employer Ident	ification number
WISCONSINEYE PUBL	IC AFFAI	RS NETWORK.IN	ic.	39 1977	300
Part Lis Compensation of the Five Higher (See page 1 of the instructions. List each one. If	est Paid Emp	loyees Other Than			
(a) Name and address of each employee paid more than \$50,000	i dici e al e none, ei	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions employes benef plans & deferred compensation	assount and other
NONE					
		and a state of the			
Total number of other employees paid					
over \$50,000 Part II-A Compensation of the Five Higher	et Paid Inda	nondent Contracto	ro for Profess	ional Cani	
(See page 2 of the instructions. List each one (v		•		ional Servi	Ces
					(-) Componentian
(a) Name and address of each independent contr	actor paid more in	an \$50,000	(b) Type of	service	(c) Compensation
DIGITAL IMAGES, INC. 2915 COMMERS DRIVE, SUITE 900	, EAGAN,	MN 55121 I	ESIGN SEI	RVICES	89,788.
JP_CULLEN & SONS, INC.					
600 HIGHLAND AVE, MADISON, WI	53792	F	ESIGN SEI	RVICES	63,641.
Total number of others receiving over					
\$50,000 for professional services		0			
Part II-B Compensation of the Five High		-		ervices	
(List each contractor who performed services of firms. If there are none, enter "None." See page	•	•	uals or		
(a) Name and address of each independent contr	actor paid more th	an \$50,000	(b) Type of	service	(c) Compensation
WISPOLITICS					
14 W MIFFLIN STREET, MADISON,	WI 5370	3 <u>w</u>	EBSITE SI	RVICES	119,000.
			<u> </u>		
				······	
Total number of other contractors receiving over					
\$50,000 for other services		0		神经统行中的	不 在其实。例

Part III Statements About Activities (See page 2 of the instructions.) During the year, has the organization attempted to influence national, state, or local legislation, including any attempt public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection lobbying activities \$ (Must equal amount)	1	Yes	No
public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection lobbying activities \$	1		1
lobbying activities ► \$ (Must equal amoun			
	nts on line 38, Part VI-A, or		
line (of Part VI-B.)			X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations (Va. Market complete Part VI-A Par	11.2		
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substa	1.7%		
trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization w	vith which any such		1
person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any quattach a detailed statement explaining the transactions.)	estion is "Yes,"		
a Sale, exchange, or leasing of property?		1	X
h Landing of money or other extension of gradit?			_v
b Lending of money or other extension of credit?	2	-	X
c Furnishing of goods, services, or facilities?	TATEMENT 8 2	c X	\vdash
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V	-A, FORM 990 2	d X	-
e Transfer of any part of its income or assets?	TATEMENT 9 2	e X	
a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	.aada.aaa.aa		1
you determine that recipients qualify to receive payments.)	3		X
b Do you have a section 403(b) annuity plan for your employees?		b	Х
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		c _	X
a Did you maintain any separate account for participating donors where donors have the right to provide advice			
on the use or distribution of funds?	4	a	<u> </u>
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4	b	X
Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruction	ns.)		
ne organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the	he hospital's name, city,		
and state An organization operated for the benefit of a college or university owned or operated by a governmental u	unit. Section 170(b)(1)(A)(iv).		
(Also complete the Support Schedule in Part IV-A.)			
1a An organization that normally receives a substantial part of its support from a governmental unit or from	the general public.		
Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
1b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, member			
receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no no its support from gross investment income and unrelated business taxable income (less section 511 tax) f			
by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	•		
		ine	
An organization that is not controlled by any disqualified persons (other than foundation managers) and s (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(m.	
the type of supporting organization: Type 1	Type 3		
Provide the following information about the supported organizations. (See page 6 of the			
(a) Name(s) of supported organization(s)	· (b)	Line nur from ab	
		,, Orit di	
14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the ins	etructions \		

Schedule A (Form 990 or 990-EZ) 2005

return. Do not include these grants in line 15.

523121 02-03-06

Schedule A (Form 990 or 990-EZ) 2005 WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC.

Schedule A (Form 990 or 990-EZ) 2005 WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC. 39-1977300 Page 4

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 29 instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, 30 and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of 31 solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 32b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 33a Admissions policies? 33b Employment of faculty or administrative staff? 33c Scholarships or other financial assistance? 33d Educational policies? 33e Use of facilities? 33f Athletic programs? 33g Other extracurricular activities? 33h If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) Does the organization receive any financial aid or assistance from a governmental agency? 34a Has the organization's right to such aid ever been revoked or suspended? 34b If you answered "Yes" to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 35 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation 35

Schedule A (Form 990 or 990-EZ) 2005

	enditures by Elec	ting Public Charit	ties (See page 9 of the		39-1977300 Page 5 N/A
	ILY by an eligible organiz belongs to an affiliated gr	ation that filed Form 5768) Check		ed "a" and Timited cont	rof provisions anniv
Limit	s on Lobbying Ex	penditures	J 11 you check	(2) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term ex	penditures" means amou	nts paid or incurred.)			ciccuity organizations
36. Total labbuing avanabitures to influ	uanaa nublia aninian (ara	annante tabbilinas	20	N/A	
Total lobbying expenditures to influTotal lobbying expenditures to influ					
38 Total lobbying expenditures (add li					
39 Other exempt purpose expenditure					
40 Total exempt purpose expenditures	s (add lines 38 and 39)	***************************************	40		
41 Lobbying nontaxable amount. Ente					
If the amount on line 40 is -		nontaxable amount is -			
Not over \$500,000					
Over \$500,000 but not over \$1,000,000			4 - 59 (25) 4 - 100		
Over \$1,000,000 but not over \$1,500,000					
Over \$1,500,000 but not over \$17,000,00			17/7020 annual files		
Over \$17,000,000			100 TO 10		
42 Grassroots nontaxable amount (en	nter 25% of line 41)	***************************************	42		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
43 Subtract line 42 from line 36. Enter					
44 Subtract line 41 from line 38. Enter	r -0- if line 41 is more tha	n line 38	44		,
Caution; If there is an amount of	on aithor lina 42 or lina	AA vou must fils Farm	4720		
Calendar year (or	(a) I		nditures During 4-Year	T	N/A
fiscal year beginning in)	(2) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable					
amount	SECONO DE COMPONIO DE LOS PORTOS DE LOS P	1			
46 Lobbying ceiling amount (150% of line 45(e))			POS BOATO DA BARRA INFRA		0.
(100% OF HITE 40(e))				And the second	0.
47 Total lobbying					0.
					0.
47 Total lobbying expenditures					0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount					0.
47 Total lobbying expenditures 48 Grassroots nontaxable					0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying					0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures					0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ		ng Public Charitie		ions)	0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by	y organizations that did n	ng Public Charitie ot complete Part VI-A) (Se	e page 11 of the instruct		0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att	y organizations that did n tempt to influence nation	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation,	e page 11 of the instruct		0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative	y organizations that did n tempt to influence national matter or referendum, th	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation,	e page 11 of the instruct including any attempt to	Yes N	0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative	y organizations that did n tempt to influence nationa matter or referendum, th	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation, trough the use of:	e page 11 of the instruct including any attempt to	Yes N	0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative a Volunteers b Paid staff or management (Include	y organizations that did n tempt to influence national matter or referendum, the compensation in expens	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation, trough the use of:	e page 11 of the instruct including any attempt to ugh h.)	Yes N	0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative a Volunteers b Paid staff or management (Include c Media advertisements d Mailings to members, legislators, of	y organizations that did n tempt to influence national matter or referendum, the compensation in expens or the public	ng Public Charitie ot complete Part VI-A) (Se at, state or local legislation, arough the use of: es reported on lines c thro	e page 11 of the instruct including any attempt to ugh h.)	Yes N	0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative a Volunteers b Paid staff or management (Include c Media advertisements d Mailings to members, legislators, of e Publications, or published or broad	y organizations that did n tempt to influence national matter or referendum, the compensation in expense or the public doast statements	ng Public Charitie ot complete Part VI-A) (Se at, state or local legislation, arough the use of: es reported on lines c thro	e page 11 of the instruct including any attempt to ugh h.)	Yes N 2 2 2 2 2 2 2 2 2 2	0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative a Volunteers b Paid staff or management (Include c Media advertisements d Mailings to members, legislators, of e Publications, or published or broad f Grants to other organizations for lo	y organizations that did n tempt to influence nations matter or referendum, th compensation in expens or the public dcast statements bbbying purposes	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation, rough the use of: es reported on lines c thro	e page 11 of the instruct including any attempt to ugh h.)	Yes N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(e)) 50 Grassroots lobbying expenditures Part VI-B Lobbying Activ (For reporting only by During the year, did the organization att influence public opinion on a legislative a Volunteers b Paid staff or management (Include c Media advertisements d Mailings to members, legislators, of e Publications, or published or broad	y organizations that did notempt to influence national matter or referendum, the compensation in expension the public deast statements subbying purposes or staffs, government office.	ng Public Charitie ot complete Part VI-A) (Se al, state or local legislation, prough the use of: es reported on lines c thro	e page 11 of the instruct including any attempt to ugh h.)	Yes N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0

Exempt Organizations (See page 12 of the entirolons) 5 (10) of the Code (other than section 501(x)) organization of in section 527, etabling to political organizations? 1 (Fig. 16) (Cash (Ca	Schedule A	Information Reg	garding Transfers To and	d Transactions and	NETWORK, INC. 39-19 Relationships With Nonchari) 7730 table	0 '	Page 6
(i) Cash (ii) Other transactions. 5 Other transactions (ii) State or exchanges of assets with a noncharitable exempt organization (iii) Florid of abolities, coupriment, or other assets (iii) Florid of abolities, coupriment, or other assets (iv) Florid continuation of abolities, coupriment, or other assets (iv) Cash of long long, coupriment, or other assets (iv) Cash of long parameters (iv)	501	the reporting organization d 1(c) of the Code (other than s	firectly or indirectly engage in any of section 501(c)(3) organizations) or in	the following with any other n section 527, relating to po				·
(ii) Other assets (i) Delier transactions (ii) Suiss or exchanges of asset with a noncharitable exempt organization (iii) Purchase of assets from a noncharitable exempt organization (iii) Purchase of seath growth a noncharitable exempt organization (iii) Remain of facilities, equipment, or other assets (iv) I cannot or lean quaratities (vi) Leans or lean quaratities (vii) Performance of services or membership or fundasising solicilations c Sharing off scillies, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Fes," complete the following schedule. Column (iv) should always show the fair market value of the goods, other assets, or gravities of the gravitation or sharing arrangement, show in column (ii) the value of the goods, other assets, or services received: N/A Line no. Amount involved Name of noncharitable exempt organization No. Bescription of bransters, transactions, and sharing arrangements 152.2 Is the expanization directly or indirectly affisisfied with, or related to, one or more tax-exempt organizations described in section 591(c) of the Code (office than section 591(c)) or in section 527? 1 If Yes, complete the following schedules: N/A Name of ciganization 1 Type of organization Description of bransters, transactionship 1 Type of organization Description of treatonship				-		<u></u>		
(ii) Other assets (i) Delier transactions (ii) Suiss or exchanges of asset with a noncharitable exempt organization (iii) Purchase of assets from a noncharitable exempt organization (iii) Purchase of seath growth a noncharitable exempt organization (iii) Remain of facilities, equipment, or other assets (iv) I cannot or lean quaratities (vi) Leans or lean quaratities (vii) Performance of services or membership or fundasising solicilations c Sharing off scillies, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Fes," complete the following schedule. Column (iv) should always show the fair market value of the goods, other assets, or gravities of the gravitation or sharing arrangement, show in column (ii) the value of the goods, other assets, or services received: N/A Line no. Amount involved Name of noncharitable exempt organization No. Bescription of bransters, transactions, and sharing arrangements 152.2 Is the expanization directly or indirectly affisisfied with, or related to, one or more tax-exempt organizations described in section 591(c) of the Code (office than section 591(c)) or in section 527? 1 If Yes, complete the following schedules: N/A Name of ciganization 1 Type of organization Description of bransters, transactionship 1 Type of organization Description of treatonship	(i)	Cash						X
b Other transactions: (ii) Sales or enchanges of assets with a noncharitable exempt organization (iii) Purchasse of assets from a noncharitable exempt organization (iiii) Renato facilities, equipment, or other assets: (iii) Renator facilities, equipment, or other assets: (iv) Performance of services or membership or fundaising solicitations (iv) Loans or fixing arrangements (iv) Performance of services or membership or fundaising solicitations (iv) Loans or fixing arrangement, making lists, other assets, or gate engletyees (iv) Performance of services or membership or fundaising solicitations (iv) Loans or fixing arrangement size, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value of the goods, other assets, or services given by the reporting organization of the organization of the sales of the property of transaction received less than fair market value of the goods, other assets, or services given by the reporting organization of the organization of the sales of the property of the reporting organization of the property of the goods, other assets, or services received. (a) (b) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements (c) Line no. Name of organization directly affidiated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)3) or in assetion 527? In Press, complete the following activation. Name of organization Type of organization Description of relationship	(ii)	Other assets		*********************************		a(ii)		X
(iii) Pertail of alielles, equipment, or other assets (iii) Pertail of alielles, equipment, or other assets (iii) Pertail of alielles, equipment, or other assets (iii) Pertail or family and a rangements (iv) Loans or fam a guarantees (iv) Performance of services or membership or fundraising solicitations (iv) Loans or family and a rangement of services or membership or fundraising solicitations (iv) Loans of samp of racillate supplies, other assets, or paid employees (iv) Performance of services or services of the following schedules (Journa (iv) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than take market value of the goods, other assets, or services given by the reporting organization. If the organization received less than take market value of the goods, other assets, or services received. (a) Amount involved Name of noncharitable exempt organization (b) Name of noncharitable exempt organization (c) Description of transfers, transactions, and sharing arrangements (c) Line no. (c) Pertail the organization directly or indirectly affisiated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 521? (a) Name of organization (b) Name of organization (c) Description of relationship	b Oth	er transactions:						
(iii) Rental of facilities, equipment, or other assets	(i)	Sales or exchanges of asse	ets with a noncharitable exempt orga	nization		b(i)		X
(iv) Claims of load parameters (vi) Loans of load parameters (vii) Performance of services or membership or fundataing solicitations (vii) Performance of services or membership or fundataing solicitations (vii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or membership or fundataing solicitations (viii) Performance of services or services received test than fair market value of the opposition of sharing arrangements or sharing arrangement, show in column (g) the value of the goods, other assets, or services received (viii) Performance of services or services received test than the market value of the goods, other assets, or services received test than the market value of the goods, other assets, or services received test than the market value of the goods, other assets, or services received (viii) Performance of services or services given by the reporting of services are services in than the translations, and sharing arrangements 1	(ii)	Purchases of assets from a	a noncharitable exempt organization	******************************		b(ii)		X
(v) Parformance of services or membership or fundraising solicitations (vi) Parformance of services or membership or fundraising solicitations (vii) Parformance of services or membership or fundraising solicitations (viii) Parformance of services are market value of the goods, other assets, or services given by the reporting or granization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) (b) (c) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(iii)	Rental of facilities, equipme	ent, or other assets	************************************		b(iii)		X
(vi) Performance of services or membership or fundaseing solicitations c Sharing of facilities, equipment, mailing tists, other assets, or paid employees d If the answer to any of the above is Yes, Complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: (a) (b) (c) (a) (d) (d) (e) (e) (f) (e) (f) (iii)	(iv)	Reimbursement arrangeme	ents	******************************		b(iv)	<u> </u>	
c Sharing of facilities, equipment, making lists, other assetts, or paid employees did if the answer to any of the above is Yes', complete the following schodule. Column (b) should always show the fair market value in any transaction or sharing arrangement, show in column (d) the value of the opposition of transfers, or services received: (a)				***************************************		<u>b(v)</u>	ļ	1
d If the answer to any of the above is "res," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization of staining arrangement, show in column (g) the value of the goods, other assets, or services received: (a)	(vi)	Performance of services or	membership or fundraising solicital	tions		1	<u> </u>	
goods, other assets, or services given by the reporting organization. If the organization received tests than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:							<u> </u>	X
(a) Line no. Amount involved Name of noncharilable exempt organization Description of transfers, transactions, and sharing arrangements . 1. 2. 3. 3. 4. 4. 4. 4. 52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 (c) of the Code (other than section 501(c)(31) or in section 527? b If Yes," complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship	god	ods, other assets, or services	s given by the reporting organization	. If the organization received	d less than fair market value in any		NI/A	•
Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and sharing arrangements					T		11/13	<u> </u>
52 a Is the organization directly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship		Amount involved	Name of noncharitable ex	cempt organization		sharing ar	ranger	nents
52 a Is the organization directly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								*************
52 a Is the organization directly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
52 a Is the organization directly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship						-		
52 a Is the organization directly of indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship					1			
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship				·				
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship						· · · · · · · · · · · · · · · · · · ·		
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship		 						
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship						<u>.</u>		
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship			***************************************					
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship						· · · · · · · · · · · · · · · · · · ·		
Code (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule: N/A (a) Name of organization Type of organization Description of relationship								
Name of organization Type of organization Description of relationship	Co	de (other than section 501(c))(3)) or in section 527?			Yes] No
523151 52-93-09 Schedule A (Form 990 or 990-EZ1 2005		(a Name of or) ganization			hip		
523151 523050 Schedule A (Form 990 or 990-EZ) 2005	A							
523151 52-30-05 Schedule A (Form 990 or 990-EZ) 2005								
523151 52-35-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-05 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005	***************************************			-				
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005		<u></u>						
523 15 1 02-03-06 Schedule A (Form 990 or 990-EZ) 2005								
523151 02-03-06 Schedule A (Form 990 or 990-EZ) 2005	***************************************		ر المراجع المراجع المراجع المراجع في المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا المراجع المراجع					
	523151 02-03-05				Schedule A (For	m 990 or	990-EZ	2) 2005

Schedule A

Payments from Disqualified Persons Included on Part IV-A, Line 27a

2005

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2004 Amount	2003 Amount	2002 Amount	2001 Amount
MARGARET FARROW	1,000.	0.	0.	0.
				1
		·		
Total to Schedule A, Line 27a	1,000.	0.	0.	0

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part IV-A, Line 27b

2005

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2004 Amount	2003 Amount	2002 Amount	2001 Amount
BOLDT COMPANY	5,000.	0.		
MADISON COMMUNITY FOUNDATION	5,000.	45,000.	0.	0
KIKKOMAN FOUNDATION NORTHWESTERN MUTUAL	0.	45,000.	0.	0
FOUNDATION	0.	45,000.	0.	0
EVJUE FOUNDATION	0.	20,000.	45,000.	0
SC JOHNSON FUND	0.	45,000.	0.	0
MARSHFIELD CLINIC	0.	0.	20,000.	20,000
WISCONSIN EDUCATION ASSOC	0.	0.	15,000.	0
COBALT CORPORATION	0.	0.	45,000.	0
HELEN BAKKE	0.	0.	15,000.	0
THE JANESVILLE GAZETTE	0.	0.	0.	20,000
FITZGERALD GROUP	15,000.	0.	0.	0 .
WPSC	5,000.	0.	0.	0 .
				www
otal to Schedule A, Line 27b	30,000.	200,000.	140,000.	40,000.

Schedule A

Identification of Unusual Grants Described on Part IV-A, Line 28

2005

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Description of Grant	Date of Grant	Amount
BADER FOUNDATION	START UP GRANT	09/30/05	100,000
ARGOSY FOUNDATION	START UP GRANT	09/30/05	488,710.
HERZFELD FOUNDATION	START UP GRANT	09/30/05	100,000.
PHILIP & BETSY HENDRICKSON	START UP GRANT	09/30/05	66,000.
JOYCE FOUNDATION	START UP GRANT	09/30/05	125,000.
BADER FOUNDATION	START UP GRANT	09/30/04	100,000.
BRADLEY FOUNDATION	START UP GRANT	09/30/03	300,000.
BRADLEY FOUNDATION	START UP GRANT	09/30/02	500,000.
EXCEL ENERGY	START UP GRANT	09/30/02	100,000.
EXCEL ENERGY	START UP GRANT	09/30/01	50,000.
KOHLER TRUST	START UP GRANT	09/30/02	500,000.
KOHLER TRUST	START UP GRANT	09/30/01	50,000.
ARGOSY FOUNDATION	START UP GRANT	09/30/03	250,000.
WPSC	START UP GRANT	09/30/03	50,000.
HERZFELD FOUNDATION	START UP GRANT	09/30/03	50,000.
Fotal Unusual Grants			2,829,710.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC.

OMB No. 1545-0047

Name of organization

Employer identification number

39-1977300

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	X 501(c)(3) (enter number) organization
Form 990 or 990 EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check for both the General Rule and a Special Rule-see instructions.) General Rule- X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any organizations. (Complete Parts I and II.) Special Rules- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a):3/1.170A.9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educations purposes, or the prevention of cruety to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000, (if this box is checked, either here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose, but these contributions did not aggregate to more than \$1,000, (if this box is checked, either here the total contributions that were received during the year for a		
		527 political organization
Form 990	0-PF	501(c)(3) exempt private foundation
Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 527 political organization 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check be for both the General Rule and a Special Rule-see instructions.) General Rule- X For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/2% support test under Regulations sections 1.509(a):3/1.170A.9(a) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelity to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contribution, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions of nor more Query or nor line 2 of theer Form 990-PF). If they must check the b		
		501(c)(3) taxable private foundation
General	Rule-	·
X	•	·
Special	Rules-	
	sections 1.509(a)-	3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2%
	aggregate contribu	utions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational
	some contribution \$1,000. (If this box charitable, etc., pu	is for use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not aggregate to more than x is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, urpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received
they mu	ust check the box in	at are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but In the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

lame	αf	oro:	mizatio	10

Employer identification number

WISCONSINEYE	PUBLIC	AFFAIRS	NETWORK .	INC.
				21100

39-1977300

Part I	Contributors (See Specific Instructions.)		223.7300
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ARGOSY FOUNDATION 200 N. JEFFERSON ST. MILWAUKEE, WI 53202	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FITZGERALD GROUP PO BOX 949 MADISON, WI 53701	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	JOYCE FOUNDATION 70 W. MADISON ST. CHICAGO, IL 60602	\$125,000. 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	PO BOX 949 MADISON, WI 53701	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	DAVID MEISSNER 694 LAKE SHORE ROAD GRAFTON, WI 53024	\$\$10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	DANIEL GELLAT 1408 KING STREET LA CROSSE, WI 54603	\$ 25,034.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
3452 02-01			

Name of organization

Employer identification number

WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC.

39-1977300

Contributors (See Specific Instructions.)		
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
BROTZ FAMILY FOUNDATION, INC. 3518 LAKESHORE ROAD SHEBOYGAN, WI 53083	\$100,000.	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
HENDRICKS FAMILY FOUNDATION, INC. 2870 RIVERSIDE DR BELOIT, WI 53511	\$ <u>1,010,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
MANITOWOC FAMILY FOUNDATION PO BOX 66 MANITOWOC, WI 54221-0066	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	*	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution 990, 990-EZ, or 990-PF) (2005
	(b) Name, address, and ZIP + 4 BROTZ FAMILY FOUNDATION, INC. 3518 LAKESHORE ROAD SHEBOYGAN, WI 53083 (b) Name, address, and ZIP + 4 HENDRICKS FAMILY FOUNDATION, INC. 2870 RIVERSIDE DR BELOIT, WI 53511 (b) Name, address, and ZIP + 4 MANITOWOC FAMILY FOUNDATION PO BOX 66 MANITOWOC, WI 54221-0066 (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Name, address, and ZIP + 4 BROTZ FAMILY FOUNDATION, INC. 3518 LAKESHORE ROAD SHEBOYGAN, WI 53083 (b) Name, address, and ZIP + 4 HENDRICKS FAMILY FOUNDATION, INC. 2870 RIVERSIDE DR BELOIT, WI 53511 (b) Name, address, and ZIP + 4 MANITOWOC FAMILY FOUNDATION PO BOX 66 MANITOWOC, WI 54221-0066 (c) Name, address, and ZIP + 4 Aggregate contributions (c) Aggregate contributions (d) Aggregate contributions (e) Aggregate contributions (e) Aggregate contributions (f) Aggregate contributions (g) Aggregate contributions (h) Name, address, and ZIP + 4 (h) Aggregate contributions (h) Aggregate contributions (h) Aggregate contributions (h) Aggregate contributions (h) Aggregate contributions

2005 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Of lion	0	0	0	0	0	0 0			100
Amount Of Depreciation									
Current Sec 179	20					· ·			
Accumulated Depreciation	19.861.	3,2	1,096.	2,665.	4,00	50,866.			
Basis For Depreciation	29.063.	2,360	2,234.	.3995.	3,22	206,879.			
Reduction In Basis						0			
Bus % Excl				.*					
Unadjusted Cost Or Basis	29 063	7	2,234.	9,995.	ന	206,879.			
No.	v.	1 1	\vdash	9	10				
Life	000	000	000*	000.	000.				
Method				3					
Date Acquired	7.47 A 4.78	VARIES	VARIES	VARIES	VARIES				
Description	PROGRAM SERVICES	SBROADCAST EQUIPMENT		SOFFICE FURNITURE	69COMPUTER EQUIPMENT * 990 PAGE 2 TOTAL	PROGRAM SERVICES * GRAND TOTAL 990 PAGE 2 DEPR			
Asset No.	7 4	5 6	•	39	9				

528102 01-06-06

FORM 990 GAIN (LOSS)	FROM PUBLICLY T	RADED SECURIT	IES	STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF STOCK	13,886.	12,783.	0.	1,103.
TO FORM 990, PART I, LINE 8	13,886.	12,783.	0.	1,103.

FORM 990 GA	AIN	(LOSS)	FROM	SALE	OF	OTHER	ASSETS	S	PATEMENT	2
DESCRIPTION					_	OATE QUIRED	DAT SOI		THOD JIRED	
SALE OF FIXED ASSETS								PUR	CHASED	÷
NAME OF BUYER	9	GROS:	_	COS' OTHER			XPENSE F SALE	DEPREC	NET GA OR (LO	
	-		0.	36	5,94	12.	0.	0	365,9	42.
ro FM 990, PART I, LI	N 8			36	5,94	12.	0.	0	-365,9	42.

C. FUNDRAISING

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3 PART II, LINE 25					
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
JONATHON HENKES	116,147.	8,885.		125,032.	
A. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL	4,088.	8,885.		12,973.	
C. FUNDRAISING	112,059.			112,059.	
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
JEFF ROBERTS	18,333.	1,403.		19,736.	
. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL	18,333.	1,403.		19,736.	
C. FUNDRAISING					
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS	
CHRIS LONG .	11,573.	885.		12,458.	
A. PROGRAM SERVICES					
B. MANAGEMENT AND GENERAL	11,573.	885.		12,458.	

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
THOMAS LOFTUS	60,000.	4,590.	***************************************	64,590.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	60,000.	4,590.		64,590.
C. FUNDRAISING				
FOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERA	L			109,757.
FOTAL FUNDRAISING				112,059.
FOTAL OFFICER, ETC., COMPEN	SATION INCLUDE	D ON PARTS V	-A AND V-B	221,816.
			,	
FORM 990 STATEMENT OF OR	GANIZATION'S P PART III		r PURPOSE	STATEMENT 4

EXPLANATION

THE ORGANIZATION'S EXEMPT PURPOSE IS TO OFFER WISCONSIN CITIZENS COMPLETE AND NON-EDITORIAL PRESENTATIONS OF THE DELIBERATIONS OF THE THREE BRANCHES OF WISCONSIN GOVERNMENT AND PUBLIC POLICY FORUMS.

FORM 990 DEPRECIATION OF ASS	ets not held for	INVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BRANDING BROADCAST EQUIPMENT OFFICE EQUIPMENT OFFICE FURNITURE COMPUTER EQUIPMENT	29,063. 132,360. 2,234. 9,995. 33,227.	19,861. 13,236. 1,096. 2,665. 14,008.	9,202. 119,124. 1,138. 7,330. 19,219.
TOTAL TO FORM 990, PART IV, LN 57	206,879.	50,866.	156,013.

ORM 990 PAR	T V-A - LIST OF TRUSTEES AND	OFFICERS, DIR KEY EMPLOYEES		STATI	EMENT 6
IAME AND ADDRESS		TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
IARGARET FARROW O BOX 949 IADISON, WI 53701	E	BOARD CHAIR 1.00	0.	0.	0.
THOMAS LOFTUS O BOX 949 ADISON, WI 53701	E	BOARD MEMBER	60,000.	4,590.	0 .
DALE CATTANACH PO BOX 949 MADISON, WI 53701	ים	PREASURER	0.	0.	0
JILL GEISLER PO BOX 949 MADISON, WI 53701	E	BOARD MEMBER 1.00	0.	0.	0
DAVID SANKS PO BOX 949 MADISON, WI 53701	I	BOARD MEMBER 1.00	0.	0.	0
JEFF SNELL PO BOX 949 MADISON, WI 53701	I	BOARD MEMBER 1.00	0.	0.	0
DICK VANDER WOUDE PO BOX 949 MADISON, WI 53701	1	BOARD MEMBER 1.00	0.	0.	0
JOHN LAABS PO BOX 949 MADISON, WI 53701	_ 1	BOARD MEMBER 1.00	0.	0.	0
JIM RIORDAN PO BOX 949 MADISON, WI 53701	1	BOARD MEMBER 1.00	0.	0.	0
KEN HENDRICKS PO BOX 949 MADISON, WI 53701		BOARD MEMBER 1.00	0.	0.	0
DIANE HENDRICKS PO BOX 949 MADISON, WI 53701		BOARD MEMBER 1.00	. 0.	0.	0

WISCONSINEYE PUBLIC AFFAIRS	NETWORK, INC.		39-1	977300
CHRIS LONG PO BOX 949 MADISON, WI 53701	PRESIDENT 1.00	11,573.	885.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	71,573.	5,475.	0.

ORM 990 E	XPLANATION OF RELATIONSHIP PART V-A, LINE 75B	STATEMENT	7
NDIVIDUAL'S NAME	TITLE OR ROLE		
IANE HENDRICKS	BOARD MEMBER		
NDIVIDUAL'S NAME	TITLE OR ROLE		
EN HENDRICKS	BOARD MEMBER		
XPLANATION OF RELAT	CONSHIP		
EN AND DIANE ARE MAN	RRIED.		

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2C

STATEMENT

JIM RIORDAN, BOARD MEMBER, IS EMPLOYED AT WPS WHICH SUPPLIED STORAGE SPACE AND ADMINISTRATIVE AND IT SUPPORT AT NO CHARGE DURING THE YEAR. JOHN LAABS, BOARD MEMBER, IS EMPLOYED AT WBA WHICH SUPPLIED TEMPORARY OFFICE SPACE AT NO CHARGE DURING THE YEAR.

CHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2E

STATEMENT

9

KEN AND DIANE HENDRICKS DONATED \$1,010,000 TO WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC. DURING THE FISCAL YEAR.

4562 **4562**

(Rev. January 2006)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

20a

Class life

12-year

40-year

Part IV Summary (see instructions)
21 Listed property. Enter amount from line 28

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

990

Business or activity to which this form relates

2005

Attachment Sequence No. 67

Identifying number

WISCONSINEYE PUBLIC AFFAIRS NETWORK, INC. FORM 990 PAGE 2 39-1977300 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See the instructions for a higher limit for certain businesses 105,000. Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 420,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1, If zero or less, enter -0-, If married filling separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2005 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in service (business/investment use only - see instructions) (e) Convention (f) Method 3-year property 19a 5-year property 7-year property 10-year property 15-year property 20-year property g 25-year property 25 yrs. S/L MM 27.5 yrs. S/L Residential rental property h 27.5 yrs. MM S/L 39 yrs. MM SA Nonresidential real property

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

MM

MM

12 yrs.

23

SAL

SAL

S/L

S/L

21

	1 4562 (2005) (Rev. 1-20															
ra	rt V Listed Propert recreation, or a	musement.)						-		•						
	Note: For any v through (c) of S							r dedu	cting lea	se expe	ense,	comp	lete oni	y 24a, 2	4b, colur	nns (a)
Sect	tion A - Depreciation a							limits fo	or passe	nger au	tomo	biles.)				
	Do you have evidence to s					7	es [24b lf					ten?	Yes	□ No
		(b)	(c)				(e)		(1)	100, 1	(g		·	(h)	7	(i)
	(a) Type of property	Date	Busines		(d) Cost or		is for dep	reciation	Recove	ry	Meth		,	eciation	Ele	cted
	(list vehicles first)	placed in service	use percen		ther basis	(bus	vnikseniu no esu		period		onve	ntion	dedi	uction	*	on 179 ost
26	Special allowance for certai	L	i		productio	n neriod	and our	lified N	VI or GO	Zona		T				7. 7. 10. 10. 10. 10.
	property placed in service of						•					25				
	Property used more that					quamoc	, odomic.	000	**********	<u> </u>		1 20	L		1	
	roporty dood male tha			%					Γ	T			l		T	
				%					 			·····	 		-	
		 		70 %					<u> </u>	-			<u> </u>		-	
77	Property used 50% or k	nea in a qual	ified busines			L			<u> </u>				L		<u> </u>	
	Property used 50% or R	958 III a quai	Illeu busille:						T	S/L			·		162.6	. 7 W - Dy
		1 1 1	 	%	· · · · · · · · · · · · · · · · · · ·		·····		 				 			
		1 1 1	 	%					 	S/L			-		5 4	1000
		عينيا	1	%					L	S/L		T	<u> </u>			
	Add amounts in column						, page	ì				28	L		3.6	***
29	Add amounts in column	(i), line 26. E	nter here a								******			29	<u> </u>	
				Section	B - Infor	mation	on Use	of Vel	hicles							
	nplete this section for ve											•				
•	u provided vehicles to y	our employe	ees, first ans	swer the q	uestions	in Secti	on C to	see if	you mee	et an ex	cept	ion to d	complet	ing this	section f	or
hos	se vehicles.					·							.			
					(a)	(1	b)		(c)		(d))	(e)	1 (f)
30	Total business/investment	miles driven d	luring the	Ve	hicle	Vel	nicle	1	/ehicle		Vehic	cle	Vel	nicle	Vet	nicle
	year (do not include com	muting miles)														
	Total commuting miles															
	Total other personal (no	_							······································						1	<u> </u>
	driven	-	_					1		ł						
	Total miles driven during			.		 									† · · · · · ·	
	Add lines 30 through 32	- 1		İ				1		1			ļ			
				1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	T	+ ,,			Т	N -	V		V	
	Was the vehicle availab			Yes	No	Yes	No	Ye	s No	Ye	32	No	Yes	No	Yes	No
	during off-duty hours?						 		-						 	
	Was the vehicle used p						l			ł	į					
	than 5% owner or relate				-		ļ						ļ	 		
	Is another vehicle availa	able for perso	onal	ļ] .	- 1		ı						
	use?			<u>l</u>		<u> </u>	<u> </u>						<u> </u>	<u> </u>	<u> </u>	L
		Section C	- Question	s for Emp	oloyers V	Yho Pro	vide Ve	ehicles	for Use	by The	eir Eı	nploye	es			
Ans	wer these questions to	determine if	you meet ar	n exceptio	n to com	pleting	Section	B for v	/ehicles	used by	y em	ployee	s who a	re not r	nore than	า 5%
owr	ners or related persons.														····	
37	Do you maintain a writte	en policy sta	tement that	prohibits	all perso	nal use o	of vehic	les, inc	luding o	ommut	ting, l	by you	r		Yes	No
	employees?															
	Do you maintain a writte															İ
	employees? See the ins	structions for	r vehicles us	sed by cor	porate o	fficers, d	lirector	s, or 19	6 or moi	e owne	ers					
	Do you treat all use of v															
	Do you provide more th															
	the use of the vehicles,															
	Do you meet the require															1
	Note: If your answer to														- A. S.	NOTE:
	art VI Amortization															
	(a)		T	(b)	1	(c)		T	(d)			(e)			(1)	
	Description of	of costs		Date amortization begins	•	Amortizal	bie t		Cod	•	.	Amortiza eriod or per		<u> </u>	mortization or this year	
	Amortization of anata th	nat hanina di	uring your o			a (IUUI)			Section	A I	1 9	AND SE PER	censege		w uns year	
42	Amortization of costs th	iai neditis or	I I	OUS TAX YE	T.			T	·	***********************	T					
								1					1			
			· foro · · · · · · ·		<u></u>					*			42			
	Amortization of costs the Total. Add amounts in												43			

Madison, Wisconsin

Financial Statements

Years Ended September 30, 2006 and 2005

Financial Statements

Years Ended September 30, 2006 and 2005

Table of Contents

Independent Auditor's Report	1
Financial Statements	
Statements of Assets and Net Assets - Modified Cash Basis	2
Statements of Revenue and Expenses - Modified Cash Basis	
Statements of Cash Flows - Modified Cash Basis	
Notes to Financial Statements	

WIPFLi

Independent Auditor's Report

Board of Directors WisconsinEye Public Affairs Network, Inc. Madison, Wisconsin

We have audited the accompanying statements of assets and net assets - modified cash basis of WisconsinEye Public Affairs Network, Inc. (a nonprofit organization) as of September 30, 2006 and 2005, and the related statements of revenue and expenses - modified cash basis and cash flows - modified cash basis for the years ended September 30, 2006 and 2005. These financial statements are the responsibility of WisconsinEye Public Affairs Network, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 1, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States.

In our opinion, the financial statements referred to above present fairly, in all material respects, the assets and net assets of WisconsinEye Public Affairs Network, Inc. as of September 30, 2006 and 2005, and the results of its revenue and expenses and its cash flows for the years ended September 30, 2006 and 2005, on the basis of accounting described in Note 1.

Wipfli UP

Wipfli LLP

December 22, 2006 Madison, Wisconsin

Statements of Assets and Net Assets - Modified Cash Basis

September 30, 2006 and 2005

Assets	2006	2005
Current assets:		
Cash	\$ 944,662	\$ 285,936
Investments	0	14,989
Total current assets	944,662	300,925
Property and equipment, net	156,013	544,194
Other assets	467	4,965
TOTAL ASSETS	\$ 1,101,142	\$ 850,084
Net Assets		
Net assets:		
Unrestricted	\$ 1,101,142	\$ 850,084
TOTAL NET ASSETS	\$ 1,101,142	\$ 850,084

Statements of Revenue and Expenses - Modified Cash Basis

Years Ended September 30, 2006 and 2005

	2006		2005
Changes in unrestricted net assets:			
Revenue:			
Contributions	\$ 1,365,379	\$	949,773
Investment income	28,093	Φ	10,142
Net assets released from restriction through	20,073		10,142
satisfaction of contribution requirements	0		50,000
Total revenue	1,393,472		1,009,915
Expenses:			
Program services	378,184		302,982
Management and general	267,624		303,939
Fund-raising	130,664		194,392
Total expenses	776,472		801,313
Loss on disposal of property and equipment	365,942		0
Total expenses and losses	1,142,414		801,313
Changes in unrestricted net assets	251.059		
enanges in amostneted her assets	251,058		208,602
Changes in temporarily restricted net assets:			
Net assets released from restriction	0	(50,000)
			30,000)
Changes in temporarily restricted net assets	0	(50,000)
Changes in net assets	251.050		150 / 00
Net assets - beginning of year	251,058 850,084		158,602
	030,004		691,482
Net assets - end of year	\$ 1,101,142	\$	850,084

Statements of Cash Flows - Modified Cash Basis

Years Ended September 30, 2006 and 2005

		2006		2005
Increase (decrease) in cash:				
Cash flows from operating activities:				
Changes in net assets				
	\$	251,058	\$	158,602
Adjustments to reconcile changes in net assets				
to net cash provided by operating activities.				
Realized and unrealized loss (gain) on investments				
Loss on disposal of property and equipment		1,103	(1,897
Depreciation Depreciation		365,942		· C
Change in operating assets:		22,239		60,044
Other assets				•
		<u>4,498</u>	(894
Net cash provided by operating activities				
		644,840		215,855
Cash flows from investing activities:				
Proceeds from sale of investments				
Purchase of property and equipment		13,886		0
		0		396,715)
Net cash provided by (used in) investing activities				
		13,886	(396,715)
nanges in cash		(50		
ash - beginning of year		658,726	(180,860)
		285,936		466,796
<u>ish - end of year</u>	•			
	\$	944,662	\$	285,936

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies

WisconsinEye Public Affairs Network, Inc. ("WisconsinEye") was established as a nonprofit corporation in 1999. WisconsinEye is a public affairs network formed to create new means to serve democracy by making a broad range of issues readily accessible for citizen awareness and discussion. A capital fund-raising campaign led by a bipartisan Board of Directors is at work to promote the service and fund its start-up. WisconsinEye will provide both broadcast and Internet coverage of Wisconsin policy discussions and actions. In addition to interested citizens, the Network will be valuable to others from diverse fields of professional and personal interest. WisconsinEye will provide coverage of the state's community and civic life and culture, beginning with independent, bipartisan, and gavel-to-gavel coverage of state government action in Madison and related public policy forums statewide. WisconsinEye receives its funding from foundation grants and individual and corporate donations. To remain neutral and independent, and in contrast to similar initiatives in other states, WisconsinEye does not receive governmental funding. Ongoing financial support is expected to come from cable revenue, nongovernmental program underwriting, archival sales, grants, and donations.

Basis of Presentation

Net assets and revenue, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of WisconsinEye and changes therein are classified and reported as follows:

Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations or where donor-imposed stipulations are met in the year of the contribution.

Temporarily Restricted Net Assets - Net assets are subject to donor-imposed stipulations that may or may not be met, either by actions of WisconsinEye and/or the passage of time. When a restriction expires, temporarily restricted net assets are transferred to unrestricted net assets and reported in the statements of revenue and expenses - modified cash basis as net assets released from restrictions. Currently, WisconsinEye does not have any temporarily restricted net assets.

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Basis of Presentation (Continued)

Permanently Restricted Net Assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by WisconsinEye. Generally, the donors of these assets permit WisconsinEye to use all or part of the income earned on any related investments for general or specific purposes. Currently, WisconsinEye does not have any permanently restricted net assets.

Modified Cash Basis of Accounting

The accompanying financial statements have been prepared on the modified cash receipts and disbursements basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States. That basis differs from accounting principles generally accepted in the United States in that pledges receivable are recognized when the funds are received instead of when the pledge becomes unconditional and payments to vendors are recognized when paid instead of when the goods or services are received.

Use of Estimates

The preparation of financial statements in conformity with modified cash receipts and disbursements basis of accounting requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Revenue Recognition

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and nature of any donor restrictions. When a restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of revenue and expenses - modified cash basis as net assets released from restrictions. Contributions that are restricted by the donor are reported as increases in unrestricted net assets if the restrictions expire in the fiscal year in which the contributions are recognized.

Notes to Financial Statements

Note 1 Summary of Significant Accounting Policies (Continued)

Investments

Investments are recorded at fair value as determined in an active market. Realized and unrealized gains and losses are reflected in the statements of revenue and expenses - modified cash basis. The investments at September 30, 2005, consist of common stock.

Property and Equipment

Property and equipment with the useful life of over one year are recorded at cost and depreciated using the straight-line method.

Income Taxes

WisconsinEye is a tax-exempt corporation under Section 501(c)(3) of the Internal Revenue Code. WisconsinEye is also exempt from Wisconsin franchise or income tax.

Note 2 Concentration of Credit Risk

WisconsinEye maintains cash balances at one financial institution. The account at this institution is insured by the Federal Deposit Insurance Corporation (FDIC) up to \$100,000. The uninsured bank balance at September 30, 2006, is \$845,706.

Note 3 Property and Equipment

Property and equipment consist of the following as of September 30:

		2006		2005
Branding	\$	29,063	\$	29,063
Broadcast equipment		132,360		566,694
Leasehold improvements		0		18,534
Office equipment		2,234		2,234
Office furniture		9,995		9,995
Computer equipment		33,227		37,585
Total property and equipment		206,879		664,105
Accumulated depreciation		50,866)	(119,911)
Property and equipment, net	\$\$	156,013	\$_	544,194

Notes to Financial Statements

Note 3 Property and Equipment (Continued)

During the year ended September 30, 2006, WisconsinEye determined that a portion of the broadcast design and equipment was disposed of as it was not going to fit their needs. The loss on the disposal was \$365,942, which is reflected on the statements of revenue and expense - modified cash basis.

Note 4 Lease Agreement

WisconsinEye leased office space under a ten-year operating lease, which expires in February 2012. The lease was terminated in December 2005. There were additional costs of \$19,134 incurred to terminate the lease which was paid in December 2006. Currently, WisconsinEye is operating under a month-to-month lease. Rent expense was \$43,945 and \$70,548 for the years ended September 30, 2006 and 2005, respectively.

Note 5 Capital Campaign

WisconsinEye has a capital campaign to raise \$6 million to provide technology infrastructure and installation, network center construction, and operating funds to cover the first two years of operations. Under the modified cash basis of accounting, pledges receivable are recorded when the cash is received. WisconsinEye has received approximately \$170,000 of unconditional pledges receivable that are not reflected in these financial statements.

Note 6 Contractual Agreement

In July 2005, WisconsinEye entered into licensing agreements with the state of Wisconsin. The agreements, approved by the State Senate and State Assembly, award exclusive broadcast rights to WisconsinEye for a period of seven years. As required under those agreements, final approvals to install broadcast infrastructure in the Capitol were received from the State Legislature, the State Building Commission, and the State Capitol and Executive Residence Board (SCERB) in November 2006. Under the six-month contractual timeline, WisconsinEye intends to begin broadcasting legislative coverage by May 2007. The agreements provide that all equipment installed on state property with the exception of camera equipment becomes the property of the state of Wisconsin.

Notes to Financial Statements

Note 7 Related Party Transactions

A contribution of \$1,000,000 was received from an entity related to two Board of Director members during the year ended September 30, 2006. The contribution represented approximately 73% of total contributions for the year ended September 30, 2006.

A contribution of \$488,710 was received from an entity related to one member of the Board of Directors during the year ended September 30, 2005. The contribution represented approximately 51% of total contributions for the year ended September 30, 2005.

Note 8 Contingency

A vendor of WisconsinEye has asserted a claim of \$25,240 for services performed. Outside counsel for the company has advised that at this stage in the proceedings, he cannot offer an opinion as to the probable outcome. WisconsinEye believes the vendor is not entitled to the claim and intends to vigorously defend its position. Under the modified cash basis of accounting, expenses are recorded when paid. No amounts were paid in relation to this contingency for the years ended September 30, 2006 and 2005.